APPLICATION FOR SANCTION									
APPLICATION INFORMATION (FEE: \$35 PER EVENT)									
SECTION 1: ALL TOURNAMENTS, SCRIMMAGES, CLINICS, CAMPS, AND OTHER									
COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION									
SECTION 2: NAME OF CLUB APPLYING FOR SANCTION									
CLUB:									
Name and Address of Club Official Requesting Sanction						Place and Location of Event:			
Name: Andrew Connelly						Place: SOHK Judo Club			
Address: PO Box 7668						Address: 25770 Interstate 45, Ste 106			
City: Spring						City: Spring			
State: TX Zip: 77387						State: TX Zip: 77386			
Phone: (281) 84	Fax: (2	81) 367-9905	Phone: (281) 292-1882 Fax: (281) 367-9905						
Chartered Club:	>	Yes	No		(E	Edged weapo	ns	are prohibit	ted at any event.)
SECTION 3: EVENT IDENTIFICATION									
Name of Event Dinosaur Scrimmage									
Date(s): Saturday 3jun2023									
PLEASE CIRCLE ALL THAT APPLY:									
Number of Participants Expected:									
Type of Event:	e of Event: Tournament			Clinic		Camp	1	Scrimmage	Other
Competition:	Γ	Junio	rs	Seniors	1	Masters		Kata	Coed (USJF Only)
Level:	V	Local		State		Regional		National	
SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL									
In applying for this sanction, the undersigned agrees:									
				ns for sanctione					
								-	for such registration.
3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.									
									lease form with
application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.									
5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.									
6 To post the sa	To post the sanction for the event in public view at the tournament site.								
My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event and that I have read and understand the report from the Presidents of the three Judo Organizations in the United States.									
and officed offices.						31may2023			
(Signature of Official Applying for Sanction)						(Date)			
Total Sanction Fee Enclosed: \$						Sanction Number:			
Approval By:						Date:			
						ured's may be done by completing a certificate of insurance			
request form for a sanctioned event.									
Uniform Sanctioning Procedures \$35-CRESIT CARS ON FREE © USA Judo, Inc, USJF, USJA September 2013									

DINOSAUR SCRIMMAGE!



Judo tournament hosted at School of Hard Knocks

For those dinosaurs that are 30 years or older

Saturday June 3rd, 2023 @ 9am 25770 I-45 N Spring, TX 77386

To register text Roger Walker at (713) 315-1628



WARNING, WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

DINOSAUR SCRIMMAGE - JUNE 3, 2023

In consideration of being permitted to participate in any way, including travel to and from, in any judo tournament, practice, clinic and related events and activities of the United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body,

School of Hard Knocks Judo Club (SOHK)

I herby

- 1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
- Agree that, prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the
 elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately
 advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.
- 3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
- 4. Knowing the risk involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
- 5. Release, waive, discharge and covenant not to sue the United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body,

School of Hard Knocks Judo Club (SOHK)

together with their affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsor advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as Releasees, from any and all claims, demands, losses or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

RIGHTS BY SIGNING IT, AND KNOW THE RISKS AND CONDITIONS INVO AT LEAST 18 YEARS OF AGE, OR, II	G, WAIVER AND RELEASE, UNDERSTAND THA ING THIS, SIGN IT VOLUNTARILY. I AGREE TO LVED AND DO SO ENTIRELY OF MY OWN FREE FIAM UNDER 18 YEARS OF AGE, I HAVE OBTA DIAN AS EVIDENCED BY THEIR SIGNATURE BE	PARTICIPATE KNOWING E WILL I AFFIRM THAT I AM AINED THE REQUIRED
Participant (Print)	Participant's Signature	Date
	S/GUARDIANS OF PARTICIPANTS OF MINORIT NDER AGE 18 AT TIME OF REGISTRATION)	TY AGE
provided above, of all the Releasees, and fi harmless the Releasees from any and all lis	with legal responsibility for this participant, do consent for myself, my heirs, assigns, and next of kin, I release an abilities incident to my minor child's involvement or par negligence, to the fullest extent by law. I have instructed amifications.	nd agree to indemnify and hold rticipation in these programs as
Parent's/Guardian's Name (Print)	Parent's/Guardian's Name Signature	Date

U.S. Judo Association, Inc., U.S. Judo Federation, Inc., U.S. Judo, Inc.